

State File No. \_\_\_\_\_

FILED FEB 7 1945  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 840

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether  
In this community 39 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 2901 Delmer (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Floyd Favell  
3. (b) If veteran, name war No 3. (c) Social Security No. 491-18-3488

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 21  
year 1945 hour 9 minute 55 P.M.

4. Sex Male Color or race Negro  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Catherine Favell  
6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased December 15 1905  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 16, 1945 to January 21, 1945  
that I last saw him alive on January 21, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
39 1 6 hr. min.

Immediate cause of death Rt. Lobar Pneumonia Duration 5 days

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Laborer

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Edgar Favell  
13. Birthplace Perry County Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Eulia McCombs  
15. Birthplace Perry County Mo  
(City, town, or county) (State or foreign country)

Of autopsy As above  
Underline the cause to which death should be charged statistically.

16. (a) Informant Catherine Favell  
(b) Address 2901 Delmer Ave  
17. (a) Burial (b) Date thereof 1-29-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cemetery  
18. (a) Signature of funeral director F. M. Green  
(b) Address 3517 Sackville Ave  
19. (a) JAN 27 1945 (b) J. F. Brudeok  
(Date received by registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature None (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 1-21-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed .....

Licensed Embalmer No. 1173.....

P. O. Address 3517 Seaside Ave.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**